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S/N 10/651,849

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Paul M. Henry

Examiner:

Terry D. Cunningham

Application No.:

10/651,849

Group Art Unit:

2816

Filed:

August 29, 2003

Docket No.:

50019.242US01/P05640

Title:

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CERTIFICATE UNDER 37 CFR 1.6(d): I hereby certify that this correspondence is being sent via facsimile to (703) 872-9306, Commissioner for Patents, Attn: Examiner Terry D. Cunningham, P.O. Box 1450, Alexandria, VA 22313-1450 on March ______, 2005.

AMENDMENT

Fee ONly

VIA FACSIMILE #703-872-9306 Commissioner for Patents Attn: Examiner Terry D. Cunningham P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of December 23, 2004, please amend the aboveidentified application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.

03/28/2005 AWISE1 00003004 132725 10651849

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PAGE 4/19 * RCVD AT 3/23/2005 10:36:09 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/0 * DNIS:8/29306 * CSID:206 3/2 6201 * DURATION (mm-ss):05-00

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PTO/SB/06 (08-03)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number			
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
FOR			UMBER FILE	NUME	NUMBER EXTRA		RATE	FEE	7	RATE	FEE	
	SIC FEE CFR 1.16(a))			<u>S.</u>		7		s	• OR	11,75	\$	
	TAL CLAIMS CFR 1.16(c))		minus 20 = •			1	x \$ =		OR	X \$ =	 	
	PEPENDENT CLA	IMS	minus 3 =		•		X \$ =	 	OR	x \$ =		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					1	+\$ =		OR	+5 =			
•11	* If the difference in column 1 is less than zero, enter *0* in column 2.						TOTAL		OR	TOTAL		
	c	LAIMS AS	AMENDEC) – PART II								
3.23.05 (Column 1) (Column 2) (Column 3)							51441		OR		R THAN	
AMENDMENT A		CLAIMS		HIGHEST			SMALL	ENTITY	7	SMALL	ENTITY	
		REMAININ AFTER AMENDME	NT	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	21	Minus	<i>"20</i>	- /		x <u>s25 =</u>		OR	× \$ <u>50</u> =	5D	
	Independent (37 CFR 1.16(b))	14	Minus	"3	- 1		× \$ 100 =		OR	x \$200=	200	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$ 180 =		OR	+\$360=		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	250.	
		(Column 1)		(Column 2)	(Column 3)		·		•			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMEN	IT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	ļ <u>.</u>	Minus	<u>.</u>	=		x s25 =		OR	x \$50 =		
	Independent (37 CFR 1.16(b))		Minus	240	=		× \$_[00] =		ÓR	x s 200 =		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					_	+\$ 180 =		OR	+ \$360=		
				•			TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)	_						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMEN	т	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE: .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(o))	•	Minus	**	=	L	x \$25 =		OR	x 5 0 =		
	Independent (97 CFR 1.16(b))		Minus	1112	=		x \$ <u>100</u> =		OR	x \$ <u>200</u> =		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$ 180 =		OR	+ \$360=	·	
									OR	TOTAL ADD'L FEE		
*	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. 											

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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.